

Customer ID \_\_\_\_\_

Location ID \_\_\_\_\_



Date \_\_\_\_\_

### COMMERCIAL ACCOUNT REQUIREMENTS

**One** of the following items are needed:

- ☐ Assume Name Certificate (from Priest Dr)
- ☐ Articles of Incorporation
- ☐ Certificate of Partnership
- ☐ Proof of Ownership

**All** of the following items are needed:

- ☐ Proof of Tax ID or Social Security Number
- ☐ Certificate of Occupancy (Permits – 100 E Avenue C - (254)501-7762)
- ☐ Photo ID
- ☐ Lease or Deed to the property

*If you are not the owner, a letter stating that you have authority to open the account written on company letterhead*

### Complete the following information:

Business Name \_\_\_\_\_

Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other ☐ \_\_\_\_\_

Authorized Agent(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Services Requested ☐ Water ☐ Irrigation ☐ Waste Water ☐ Solid Waste

Date Service Requested \_\_\_\_\_ 8:00 a.m. – 12:00 p.m. 1:00 p.m. – 5:00 p.m.

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone/Other \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number/Tax ID \_\_\_\_\_

*The disclosure of social security number is mandatory, by authority of Ordinance No. 99-10, to be used for the purpose of fraud prevention and collection.*

*Your water will be turned on according to the service date and time you have indicated above. Please verify this date and time. It is recommended that you be there to make sure that no water damage occurs. I understand that there will be a charge for an additional service call if the meter cannot be left on because there is no one at home.*

*I hereby release the City of Killeen from any responsibility due to water damage or broken line as a result of the water being turned on.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature